2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V69145

1. Entity Name
AG-TECH, INC.

Principal Place of Business	Mailing Address
25000 SW 157ND AVE.	C/O 44 NE 16 STREET
HOMESTEAD, FL 33031 US	HOMESTEAD, FL 33030 US

DO NOT WRITE IN THIS SPACE

01112005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0365360 —		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAAS, JOHN P ESQ.
44 NE 16TH ST.
LAW OFFICES OF HELLMAN & MAAS
HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution   ☐   **$5.00** May Be Added to Fees

U000000181193
01/14/05-80039-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	DEMOTT, JEFFREY P
STREET ADDRESS	25000 SW 157ND AVE.
CITY-ST-ZIP	HOMESTEAD, FL 33031

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05   305-345-8207

Date   Daytime Phone #